2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P05838 Apr 29, 2000 8:00 am Secretary of State 1. Entity Name AIRLINES REPORTING CORPORATION 04-29-2000 90010 049 ****61.25 Mailing Address Principal Place of Business 1530 WILSON BLVD #800 1530 WILSON BLVD #800 **ARLINGTON VA 22209-2418** ARLINGTON VA 22209-2448 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1367276 Not Applicable \$8.75 Additional Zip Country Zin Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROERMAN, ANN 9501 PRINCESS PALM AVE. # 100 Zip Code **TAMPA FL 33619** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE TITLE COLLINS, DAVID R.B. NAME (attached list contains all) STREET ADDRESS STREET ADDRESS 1530 WILSON BLVD., SUITE 800 Directors not in box 10 CITY-ST-ZIP CITY-ST-ZIP arlington va ٧S Change ☐ Addition Delete TITLE TITLE argiropoulos, kathleen o. NAME NAME STREET ADDRESS STREET ADDRESS 1530 WILSON BLVD., SUITE 800 CITY-ST-ZiP CITY-ST-ZIP ARLINGTON VA ☐ Change ☐ Addition TITLE TITLE AΤ ☐ Delete MUTEN, ALLAN NAME NAME STREET ADDRESS STREET ADDRESS 1530 WILSON BLVD., SUITE 800 CITY-ST-7IP CITY-ST-ZIP arlington va ☐ Change Addition Delete TITLE TITLE maino. Diana NAME STREET ADDRESS STREET ADDRESS 1530 WILSON BLVD., SUITE 800 CITY-ST-ZIP CITY-ST-ZIP ARLINGTON VA ☐ Change ☐ Addition **□** Delete TITLE MALLINGER, JACK NAME Alfred Altshuling NAME STREET ADDRESS STREET ADDRESS 1530 WILSON BLVD., SUITE 800 1530 Wilson Boulevard casuite 8.00,00 CITY-ST-ZIP CITY-ST-ZIP arlington va Arlington, TITLE ☐ Change ☐ Addition TITLE Delete LANDUYT, DAVID NAME STREET ADDRESS STREET ADDRESS 17940 GULF BLVD #4F CITY-ST-ZIP REDINGTON SHORES FL hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with agraddress, with all

SIGNATURE:

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Airlines Reporting Corporation Board of Directors

Marc Rosenberg
Vice President – Sales &
Product Distribution
Air Canada
Air Canada Tower
50 Bay Street, 15th Floor
Toronto, Ontario CANADA M5J 2X3

Mr. Kevin Thiel
Director - Revenue Accounting
Alaska Airlines, Inc.
P.O. Box 68900
Seattle, WA 98168-1201

TBD Aloha Airlines, Inc. 371 Aokea Street Honolulu, HI 96819

Jim Heidler
Manager, Industry Relations
America West Airlines
111 W. Rio Salado Parkway
CH-TAA
Tempe, AZ 85281

Doug Herring
Vice President and Controller
American Airlines
4333 Amon Carter Blvd, MD 5509
Fort Worth, TX 76155

Dale Moss
Director of Sales Worldwide
British Airways Plc
Waterside
Sales, HAAG
PO Box 365
Harmondsworth, West Drayton UB7
OGB
ENGLAND

TBD
Canadian Airlines Corporation
6001 Grant McConachie Way
Mail Drop YVR0550
Richmond, B.C. V78 1K3
CANADA

Bill Brunger
Vice President – Distribution Planning
& Revenue Decision Support
Continental Airlines, Inc.
Mail Code HQSRT
1600 Smith Street - HQSDP
Suite 1600
Houston, TX 77002

Steve Scheper
Director - Agency and Corporate
Programs
Delta
Dept. 752
1030 Delta Blvd.
Atlanta, GA 30320

Michael P. Loo Vice President - Controller Hawaiian Airlines, Inc. 3375 Koapaka Street, Suite G350 Honolulu, HI 96819

David Landuyt, Chairman 17940 Gulf Boulevard Apartment 4-F Redington Shores, FL 33708-1154

George Smyrniadis
General Manager
Finance and Administration, North
America
Lufthansa German Airlines
1640 Hempstead Tumpike
East Meadow, NY 11554-1096

a Hackmers Coo76975, 14 Po5838

Al M. Lenza Vice President - Distribution Planning Northwest Airlines, Inc. Department A6370 5101 Northwest Drive St. Paul, MN 55111-3034

Bob Jordan
Controller
Southwest Airlines Co.
2702 Love Field Drive
Finance Dept. – 2nd Floor
Dallas, TX 75235-1611

Scott Bush Vice President – Sales **Trans World Airlines** One City Center 515 North 6th Street – 19th Floor St. Louis, MO 63101

Neil Byl Manager, Application Development United Airlines P.O. Box 66100-WHQKR Chicago, Il 60666-0100

Ms. Anita Beier
Vice President & Controller
US Airways
Crystal Park Four
2345 Crystal Drive
Arlington, VA 22227-0001

David Collins
President
Airlines Reporting Corporation
1530 Wilson Boulevard
Suite 800
Arlington, VA 22209

*** ATA Liaison***

Nestor N. Pylypec Vice President-Industry Services Air Transport Association 1301 Pennsylvania Avenue, N.W. Suite 1100 Washington, DC 20004-1707

4/13/00